

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING

1. SUBMITTING UNIT

2. ADDITIONAL SERVICE INFORMATION (Second Echelon)

Army Substance Abuse Program
Bldg 2091 Kolekole Avenue
Schofield Barracks, HI 96857
Cml 808-655-0682, DSN 315-455-0682

3. BASE/AREA CODE

P 1 0 6

4. UNIT IDENTIFICATION CODE

M

5. DOCUMENT/BATCH NUMBER

6. DATE SPECIMEN COLLECTED (YYYY)

(MM) (DD)

7. SPECIMEN NUMBER

8. COMPLETE SSN

9. TEST BASIS

10. TEST INFORMATION

11. PRESCREEN
THC COC

D. DRUGS TESTED

B. BATCH NUMBER

C. REPORT OF RESULT (DTG/Serial No.)

A. LABORATORY CONDUCTING DRUG TESTING
Armed Forces Medical Examiner System
Division of Forensic Toxicology
115 Purple Heart Drive
Dover Air Force Base, DE 19902

E. DISC CODE

F. ACCESSION NUMBER

G. RESULT

H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.

(1) SIGNATURE

(2) DATE SIGNED

(3) CERTIFYING OFFICIAL (Printed Name and Title)

| 12. CHAIN OF CUSTODY | | THRU | PURPOSE OF CHANGE / REMARKS |
|----------------------|-------------|-----------|-----------------------------|
| DATE (YYMMDD) | RELEASED BY | LAN | RECEIVED BY |
| a. | b. | | c. |
| (1) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |
| (2) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |
| (3) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |
| (4) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |
| (5) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |
| (6) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |
| (7) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |
| (8) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |
| (9) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |
| (10) | SIGNATURE | SIGNATURE | |
| | NAME | NAME | |

| INSTRUCTIONS | | | |
|---|--|--|---|
| BLOCK | USA | USN/MC | USAF |
| 1 SUBMITTING UNIT | Message address of unit submitting urine samples | | |
| 2 ADDITIONAL SERVICE INFORMATION (SECOND ECHOLON) | Do not use | Message address of second echelon commander to whom submitting unit reports administratively. | |
| 3 BASE / AREA CODE | Service Code Area | Leave blank. For future use. | |
| 4 UNIT IDENTIFICATION CODE | Unit Identification Code (UIC or RUC) of unit submitting urine sample. | | Do not use |
| 5 DOCUMENT/BATCH NUMBER | Do not use | Enter the locally assigned batch number. Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit. | |
| 6 DATE SPECIMEN COLLECTED | Enter the four-digit year, two-digit month, and two-digit day that samples were collected by submitting unit. | | |
| 7 SPECIMEN NUMBER | Use number pre-printed on form to identify bottle. | | Enter 3-digit sequential specimen number (last 3 characters of full BIDN). |
| 8 COMPLETE SSN | Full SSN of person from whom sample obtained. | | |
| 9 TEST BASIS | Indicate the testing premises to conduct the collection. | | |
| 10 TEST INFORMATION | Military: A = E1-E4; B = E5 to O10; Civilian only: C = TDP Aviation; D = TDP Guard/Police; E = TDP PRP, F = TD; ADAPCP Staff; G = other TDP; N = other nonmilitary | Leave blank | Entry required only if additional testing is requested: F = Full Panel; S = Steroids; O = Other drugs - Provide clarification in attached message. |
| 11 PRESCREEN | If screened (field tested) prior to submission and found positive, indicate P for positive or N for negative for drug(s) pre-screened. Leave blank if not screened prior to submission to lab. | | Not used |

12. CHAIN OF CUSTODY (LINE 11).
a. DATE - Date of collection/shipment.
b. RELEASED BY - Signature and printed or typewritten name of the urinalysis coordinator having custody of the samples.
c. RECEIVED BY - Use only if physical change of custody is occurring prior to shipment. Otherwise leave blank.
d. PURPOSE OF CHANGE/REMARK - Specify the mode of accountable transportation system utilized to ship specimens to the lab.

NOTE: If/when custody of specimens changes other than for shipment (unless hand carried to lab), each change of custody requires line/number signatures in the (b) RELEASED BY and (c) RECEIVED BY blocks to document change in custody with comment in block (d). If a continuation sheet is necessary, it must contain information/signatures of blocks (a) - (d).

13. DAMAGE TO SHIPPING CONTAINER/DISCREPANCIES